

**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

Do not use this space.

23 1929

**1. PLACE OF DEATH**

County Mitchell Registration District No. 85 File No. 9718  
 Townsh. St Joseph Primary Registration District No. 1001 Registered No. 430  
 City St Joseph (No. Mercy Hospital) St.      Ward     

**2. FULL NAME**

Gas. Madison Burnham  
 (a) Residence No.      St.      Ward. Weymore Neb  
 (Usual place of abode) (If non-resident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 12 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

**3. SEX** Male **4. COLOR OR RACE** Wh **5. SINGLE, MARRIED, WIDOWED OR DIVORCED** Widowed  
(write the word)

**5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF**

**6. DATE OF BIRTH (MONTH, DAY AND YEAR)** Aug 25 1862

**7. AGE** YEARS 66 MONTHS 7 DAYS 5  
 If LESS than 1 day,      hrs. or      min.

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work. Accountant 1371  
 (b) General nature of industry, business, or establishment in which employed (or employer)  
 (c) Name of employer

**9. BIRTHPLACE (CITY OR TOWN)**

(STATE OR COUNTRY) New York

**10. NAME OF FATHER** Ed Burnham

**11. BIRTHPLACE OF FATHER (CITY OR TOWN)** New York  
 (STATE OR COUNTRY)

**12. MAIDEN NAME OF MOTHER** Jane Ellison

**13. BIRTHPLACE OF MOTHER (CITY OR TOWN)** New York  
 (STATE OR COUNTRY)

**14. INFORMANT** E. M. Burnham

Address Omaha Neb

**15. UNDERTAKER** John G. Giff  
 FILED 1 1929 REGISTRAR

**2 MEDICAL CERTIFICATE OF DEATH**

**16. DATE OF DEATH (MONTH, DAY AND YEAR)** Feb 30<sup>th</sup> 1929

**17. I HEREBY CERTIFY**, That I attended deceased from 3/7/29 1929 to 3/30 1929, that I first saw him alive on 3/30 1929, and that death occurred, on the date stated above, at 3:30 m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Prostatitis  
135 (duration) 3 yrs.      mos.      ds.

**CONTRIBUTORY (SECONDARY)** Surgical Shock  
 (duration) 4 yrs.      mos.      ds.

**18. WHERE WAS DISEASE CONTRACTED**

IF NOT AT PLACE OF DEATH Mercy Hosp. St Joe

DID AN OPERATION PRECEDE DEATH? yes DATE OF 3/26

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS Phys. Findings  
 (Signed) T. O. Pierce M. D.

324, 1929 (Address) St Joseph Mo  
 \*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

**19. PLACE OF BURIAL, CREMATION, OR REMOVAL**

Weymore Neb DATE OF BURIAL 4/2 1929

**20. UNDERTAKER**

J. L. Drury ADDRESS 216 So

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. Exact statement of OCCUPATION is very important. CAUSE OF DEATH in plain terms, so that it may be properly classified.

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